fee to our Deposit Account

PTO/SB/06 (8-96)

PTO/SB/06 (8-5)

Approa or use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OKI OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTIT (Column 2) (Column 1) **FEE** NUMBER EXTRA RATE RATE FEE FOR NUMBER FILED s 690 **BASIC FEE** \$ OR (37 CFR 1.16(a)) TOTAL CLAIMS OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR minus 3 = (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 690 TOTAL OR TOTAL \* If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY SMALL ENTITY (Column 3) (Column 1) (Column 2) ADDI-ADDI-CLAIMS HIGHEST **PRESENT** TIONAL REMAINING NUMBER RATE TIONAL RATE **EXTRA** AMENDMENT **PREVIOUSLY** FEE **AFTER** FEE PAID FOR AMENDMENT OR Total = Minus (37 CFR 1.16(c)) OR Independent = Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column I) ADDI-HIGHEST ADDI-**CLAIMS** PRESENT ΠΟΝΑL NUMBER RATE TIONAL RATE REMAINING PREVIOUSLY **EXTRA** FEE **AMENDMENT** AFTER **FEE** AMENDMENT PAID FOR OR = Total Minus OR Independent = Minus OR (37 CFR 1.16(b)) (37 CFR 1.16(d)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM FEE Please charge any further TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) ENCLOSED:\$690. (Column 2) (Column 1) ADDI-ADDI HIGHEST **CLAIMS** TIONA PRESENT NUMBER RATE TIONAL RATE REMAINING **AMENDMENT PREVIOUSLY EXTRA** FEE FEE **AFTER** PAID FOR AMENDMENT OR Total = Minus (37 CFR 1.16(c)) OR Independent . م Minus OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

| Effective December 29, 1999 09 /638920   |                        |
|--|------------------------|
| 09/958/20  |                        |
| (Column 1) (Column 2) TYPE OR SMAI   | ER THAN<br>L ENTITY    |
| FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE  | FEE                    |
| BASIC FEE 345.00 OR  | 690.00                 |
| TOTAL CLAIMS 5 minus 20= * X\$ 9= OR X\$18:  |                        |
| INDEPENDENT CLAIMS   minus 3 = * X39= X78=   |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT +130= OR +260=  |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL  |                        |
|  | R THAN                 |
| (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMAL  | LENTITY                |
| REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR TOtal Total Minus The Minus Total Total Minus Total Total Minus Total Total Minus Minu | ADDI-<br>TIONAL<br>FEE |
| Total + O Minus + O = X\$ 9= OR X\$18  |                        |
| Independent + 3 Minus +++ 3 = X39= X39= OR X78=  |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  +130= OR +260=   |                        |
| TOTAL OR TOT.  | AL                     |
| (Column 1) (Column 2) (Column 3)   | :EL                    |
| CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR  Total  CLAIMS REMAINING PRESENT EXTRA  RATE TIONAL FEE  RATE TONAL FEE  Total  X\$ 9=  X\$ 9=  X\$ 9=  | ADDI-<br>TIONAL<br>FEE |
|  |                        |
| Independent * 3 Minus *** 5 = X39= OR X78=   |                        |
| +130= OR +260=   |                        |
| TOTAL OP TOTAL   | AL)                    |
| ADDIT. FEE ADDIT. FE ADDIT. FE   | EL                     |
| CLAIMS REMAINING AFTER AMENDMENT  Total  Total  Minus  ***  Minus  ***  **  **  **  **  **  **  **  **   | ADDI-<br>TIONAL<br>FEE |
| Total - ON Minus X\$ 9= OR X\$18=  |                        |
| Independent * 3 Minus *** = X39= OR X78=   |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  +130= OR +260=   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **OR TOTAL ADDIT. FEE ADDIT. FEE   |                        |

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

ADDIT. FEE \_\_\_\_\_\_\_ ADDIT.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## PATENT APPLICATION FEE DETERMINATION RECORD Effective JANUARY, 2003 **CLAIMS AS FILED - PART I**

| 1 |           |
|---|-----------|
|   | 2/12000   |
|   | 09/638920 |
|   | UNUDUIO   |

Application or Docket Number

| SMALL ENTITY TYPE |                 |    |             | R THAN<br>.ENTITY |
|-------------------|-----------------|----|-------------|-------------------|
| RATE              | FEE             |    | RATE        | FEE               |
| BASIC FEE         | 37 <b>5</b> .00 | OR | BASIC FEE   | 270.00            |
| X\$ 9=            |                 | OR | X\$18=      |                   |
| X42=              |                 | OR | X <b>86</b> |                   |
| +140=             |                 | OR | +280=       |                   |

|                             | (Column 1)   | (Column 2)   |
|-----------------------------|--------------|--------------|
| TOTAL CLAIMS                |              |              |
| FOR                         | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS     | minus 20=    | *            |
| INDEPENDENT CLAIMS          | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PF | RESENT       |              |

<sup>\*</sup> If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|        |             | (Column 1)                                |             | (Column 2)                                  | (Column 3)       |
|--------|-------------|---|-------------|---|------------------|
| TENT A |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| 2      | Total       | *   | Minus       | **  | =                |
| I M    | Independent | *   | Minus       | ***   | =                |
| ١,     | FIRST PRESE | NTATION OF ML                             | ILTIPLE DEP | ENDENT CLAIM                                |                  |

|              |    | OTHER THAN   |
|--------------|----|--------------|
| SMALL ENTITY | OR | SMALL ENTITY |

|   |                    |                        | _   |                     |                        |
|---|--------------------|------------------------|-----|---------------------|------------------------|
| . | RATE               | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | X\$ 9=             |                        | OR  | X\$18=              |                        |
|   | X42=               |                        | OR  | X8 <b>6</b> =       |                        |
|   | +140=              |                        | OR  | +280=               |                        |
| F | TOTAL<br>DDIT. FEE |                        | OR, | TOTAL<br>ADDIT. FEE |                        |

| _           |             | (Column 1)                                |             | (Column 2)                                  | (Column 3)       |
|-------------|-------------|---|-------------|---|------------------|
| AMENDMENT B |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| N N         | Total       | *   | Minus       | **  | =                |
| Ä           | Independent | *   | Minus       | ***   | =                |
| ۸           | FIRST PRESE | VTATION OF ML                             | ILTIPLE DEP | ENDENT CLAIM                                |                  |

|   | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|---|---------------------|------------------------|------|---------------------|------------------------|
|   | X\$ 9=              |                        | OR   | X\$18=              |                        |
|   | X42=                |                        | OR   | X8 <b>6</b> =       |                        |
|   | +140=               |                        | OR   | +280=               |                        |
| / | TOTAL<br>ADDIT. FEE |                        | OR , | TOTAL<br>ADDIT. FEE |                        |

|             |             | (Column 1)                                |             | (Column 2)                                  | (Column 3)       |
|-------------|-------------|---|-------------|---|------------------|
| AMENDMENT C |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| NDN         | Total       | *   | Minus       | **  | =                |
| ME          | Independent | *   | Minus       | ***   | <b>≒</b> ·       |
| ٨           | FIRST PRESE | NTATION OF MU                             | JLTIPLE DEP | ENDENT CLAIM                                |                  |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

|                     |                        | _   |                     |                        |
|---------------------|------------------------|-----|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        | O.R | X\$18=·             |                        |
| X42=                | ·                      | OR  | X8 <b>6</b>         |                        |
| +140=               |                        | OR  | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR, | TOTAL<br>ADDIT. FEE |                        |

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."